

United Response

United Response - 73 Elmers Green

Inspection report

73 Elmers Green
Skelmersdale
Lancashire
WN8 6SG

Tel: 01695732615
Website: www.unitedresponse.org.uk

Date of inspection visit:
31 October 2016

Date of publication:
22 December 2016

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

We carried out this announced inspection on 31 October 2016. We last inspected this service in August 2013. At that inspection we found that the provider was meeting all of the regulations that we assessed.

United Response – 73 Elmers Green is a care home, providing accommodation and personal care for up to four people who have a learning disability and who may have complex needs. The property is a bungalow situated on a quiet residential estate in Skelmersdale. People who live in the home have their own bedrooms and there are suitable shared facilities including a spacious sitting room, dining kitchen and gardens for people to use.

There was a registered manager employed in the home. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People who used the service were not able to tell us their views about their care. We saw that people were comfortable with the staff who were supporting them. They approached the staff in a confident manner and showed no signs of anxiety around any of the staff on duty during the inspection.

The staff on duty knew people well and knew how people expressed their wishes about their support. We saw that people made choices about their lives in the home and the decisions they made were respected.

The staff were knowledgeable about how to protect people from abuse.

Each person had a detailed care plan that gave guidance for staff about how to provide their support. The care records included information about how to keep people safe from identified risks. However, we saw that one staff member had not followed guidance about how to protect people from the risk of choking. People were not always safe because risks to their safety were not always managed. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Medicines were not always handled safely in the home. Although care staff had received training in how to support people with their medicines, the procedures used when administering medicines did not protect people from the risk of harm. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There were enough staff to support people and to allow them to take part in activities they enjoyed in the home and in the local community.

Staff treated people in a kind, caring and respectful way. They gave people time to carry out tasks for themselves and supported their independence. The staff knew people well. They knew how people

communicated their wishes and gave people choices in a way they could understand.

Staff had received training to give them the skills and knowledge to provide people's support. However, we saw the training provided had not always ensured people received effective care.

People knew the staff and registered manager of the home. Care staff felt well supported by the registered manager.

The registered manager understood her responsibilities under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. People's rights were protected because the principles of the MCA had been followed.

The registered manager carried out checks on the service provided. However, these had not ensured that staff followed guidance about how to protect people or that the procedures for handling medicines were safe. The systems used to assess the service been effective in ensuring the safety of the service. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

Medicines were not always managed safely.

People were not always protected from identified hazards to their safety.

There were enough staff to provide people with the support they needed. The staff understood their responsibility to protect people from abuse.

Is the service effective?

Good ●

The service was effective.

The staff knew people well and knew how people liked their support to be provided.

People were provided with meals and drinks that they enjoyed.

The registered manager was knowledgeable about the Mental Capacity Act (2005) and people's rights were protected.

People were supported to access appropriate health care services.

Is the service caring?

Good ●

The service was caring.

Staff treated people in a caring and respectful way. They knew how people communicated their wishes and supported people to make choices about their support.

People were supported to carry out tasks themselves and their independence was promoted.

Is the service responsive?

Good ●

The service was responsive to people's needs.

People's preferences and wishes were taken into account in how the service was provided.

People were provided with a range of activities that they enjoyed. Activities and routines were responsive to the wishes of people who lived in the home.

The registered provider had a procedure for receiving and managing complaints about the service.

Is the service well-led?

The service was not always well-led.

The processes used to monitor the quality of the service had not ensured that risks were managed effectively or that medicines were handled safely.

People who lived in the home knew the registered manager well and were comfortable with her.

Care staff felt well supported by the registered manager.

Requires Improvement 

United Response - 73 Elmers Green

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 31 October 2016. We gave the provider notice of our visit to the service because the location was a care home for younger adults who are often out during the day and we needed to be sure that someone would be in.

The inspection was carried out by one adult social care inspector.

There were three people living in the home when we carried out our inspection. The service provided support to people who had complex needs and who could not easily share their views with us. During the inspection we observed how staff interacted with people and looked at the care records for each person living in the home. We spoke with four care staff who were working in the home and with the registered manager. We also looked at records that related to how the home was managed.

Before the inspection we reviewed the information we held about the service. We also contacted local health and social care commissioning teams to obtain their views of the home.

Is the service safe?

Our findings

People who used this service were not able to tell us their views about their care. We saw that people who lived in the home were comfortable with the staff who were supporting them. People approached the staff in a confident manner and showed no signs of anxiety around any of the staff on duty during the inspection.

All of the care staff we spoke with told us that they were confident that people were safe living in the home. They understood that people could be vulnerable because they could not easily tell anyone if they had any concerns about their care or about how the staff treated them. The care staff told us they knew the people who lived in the home well and would be able to tell by changes in their behaviour if they were frightened or unhappy around another staff member. All the staff told us that they would not tolerate any form of abuse of people and said they knew how they could report any concerns about the actions or behaviour of another staff member. People were protected against the risk of abuse because the staff employed understood their responsibility to report concerns.

Risks to people's safety had been identified and people's care records gave information for staff about how to protect them from harm. However, we saw that one staff member had not followed the instructions in two people's care records and people were not always protected against identified risks to their safety.

The care records for one person stated that they were at risk of choking while eating. To reduce this risk a member of staff needed to stay with the person during mealtimes. The care records for another person also stated that they required a member of staff to be with them during mealtimes. During the midday meal we saw that the staff member who was supporting both people left them without staff supervision to answer the front door while one of the people was eating. This placed people at risk of harm.

This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because identified risks to people had not been managed.

We discussed this issue with the registered manager of the home for it to be addressed immediately to protect people from the risk of harm.

Medicines were not always handled safely in the home. Although care staff had received training in how to support people with their medicines, the procedures used when administering medicines did not protect people from the risk of harm.

We saw that a member of staff took one person's medicines out of their original packaging and placed them in a pot, ready for another member of staff to give to the person later. This is called secondary dispensing and increases the risk of a person not receiving the right medicine. When we checked the medication records, we found that these had not been completed to show the person had been given their medicine. The medication records had not been completed promptly, as required. Although this was a small service and the care staff communicated with each other, safe systems must be used when medicines are given to people to protect people from mistakes in how they receive their medicines.

This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because medicines were not managed safely.

There were enough staff on duty to support people and to allow people to choose where they spent their time in the home. People were able to take part in a range of activities in the home and in the local community because there were enough staff to support this.

Safe systems were followed when new staff were employed. All new staff had to provide evidence of their good character and were checked against Disclosure and Barring Service records to ensure they had not been barred from working in a care service. We saw that the checks required by law had been carried out for new staff. People who used the service and their families could be confident staff had been checked to ensure they were suitable to work in the home.

At the time of our inspection the service used care staff provided by local employment agencies as well as care staff who were employed by the registered provider. We saw that the registered manager confirmed that staff provided by the employment agencies had been checked to ensure they were suitable to work in the home.

The registered manager and staff in the home checked equipment and the environment to ensure the accommodation and equipment in the home were safe for people.

Is the service effective?

Our findings

People who lived in the home could not share their views about the support they received. We saw that the staff knew people well and knew how people liked their support to be provided.

One person had shown by their body language and behaviour that they wanted to spend their time in the garden. We saw that this was supported by staff in the home. Another person used gestures to express when they wanted a drink. The staff gave them a choice of beverages and provided the one they showed they wanted. The staff on duty provided people with support in a way that took account of their wishes.

The staff we spoke with told us that they had received training to meet the needs of people who lived in the home. They told us that this included specialist training to meet individuals' needs. One staff member told us that they had not received training in how to provide one aspect of a person's care. They understood that they could not carry out that task until they had completed the required training.

Records showed that the staff had received a range of training including, disability awareness, first aid, fire safety, health and safety and medication administration. Systems were in place to monitor the training that staff had completed and when this needed to be repeated. This ensured the staff kept their skills and knowledge up to date.

There were times that staff from local employment agencies were employed in the home. The registered manager tried to ensure that the employment agencies provided care staff who had previously worked in the home, so that they knew the people who lived there and the support they required. The registered manager and care staff we spoke with told us that staff provided by the agencies were given guidance and information to ensure they had the knowledge to support people who lived in the home.

Throughout our inspection we saw that people were assumed to be able to make decisions about their daily lives and were supported to do so. We saw that people were asked if they agreed to care being provided and the staff only assisted a person with their consent. This helped to protect people's rights.

People who lived in the home had complex needs and were not able to make important decisions about their lives. The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

The registered manager of the home understood her responsibility to protect the rights of the people who lived there. She was knowledgeable about the MCA and DoLS and how these applied to people who lived in the home. Where the registered manager had assessed that an individual needed to be deprived of their liberty, to ensure their safety, they had made an appropriate application to the local authority for authorisation to do so.

We saw that people enjoyed the meals and drinks provided in the home. The staff on duty knew people's preferences and provided people with a choice of drinks throughout the inspection.

West Lancashire District Council had assessed the food hygiene rating for the home as five stars, very good. This was the highest award that the council could give. People could be confident food was stored and prepared safely.

The records we looked at showed that people were supported by a range of health care services. These included local GPs, dentists and specialist services such as the Speech and Language Therapist. People were supported to access appropriate health care services to maintain their health.

Is the service caring?

Our findings

People who lived in the home could not share their views about the support they received. The atmosphere in the home was friendly and relaxed. We saw that people were comfortable and relaxed with the registered manager and the care staff who were working in the home.

People showed by their body language and behaviour that they liked the staff who were working in the home. They approached the staff for support as they needed and looked to them for reassurance when they were anxious.

One person particularly enjoyed baking. The staff on duty told us that one staff member was good at baking and enjoyed supporting the individual with this activity. When this staff member arrived to work in the home, we saw the individual was very happy and excited to see them. The staff member acknowledged the person's excitement and explained, in a way that they could understand, that they would bake later in the afternoon. This showed that the staff knew people well. People were treated in a kind and respectful way and given information in a way they could understand.

People who lived in the home used a range of ways to communicate and these were identified clearly in their care records. The staff knew the things that were important to people in their daily lives and how each person communicated their wishes. They gave people the time and support they needed to make and to express their choices about their lives, including about how they spent their time.

At the start of our inspection, one person was going for a walk in the local community. They showed by their body language that they wanted to return to the home and the staff member supporting them understood this and supported them to do as they wished.

The staff knew the tasks that people could carry out for themselves and the areas of their support where they needed assistance. We saw people were given the time they required to carry out tasks themselves. Where people required prompting or guidance to assist them to carry out tasks, the staff ensured this was provided.

People who lived in the home needed support from staff to maintain their hygiene and personal appearance. We saw that the staff were attentive and supported people as they needed, such as by assisting them to change their clothes when they required this. This helped to maintain people's dignity.

The registered manager was knowledgeable about local advocacy services that could be contacted to support people or to raise concerns on their behalf. Advocates are people who are independent of the service and who can represent people or support individuals to express their views.

Is the service responsive?

Our findings

People who lived in the home could not share their views about the support they received. We saw that the staff on duty knew people well and respected their rights to make choices about their lives.

Each person who lived in the home had a detailed care plan that included information about their support needs and their preferences about their lives. The care plans gave information for staff about the support people needed and how they communicated their choices.

We saw that the care records were reviewed regularly and care staff signed to show they had read the care plans and any changes. From observing people in the home we saw that the care records gave staff good information about the individual and how to provide their support.

The staff on duty understood how individuals communicated and gave them choices in a way they could understand. We saw that people made choices about their lives and their support.

People followed a range of activities that they enjoyed. We saw that people were provided with opportunities to access their local community and to follow interests of their choice. The staff in the home knew the activities people enjoyed and their preferences about their support.

During our inspection we saw that the staff took account of people's wishes when they planned and provided activities. Planned activities were changed in response to individuals' choices. One person showed by their body language that they did not wish to follow a planned activity and the staff member supporting them respected their decision. Another person was going out for a ride in the car with a member of staff. When a second person showed they also wanted to go, the staff supported them in their choice. One person enjoyed baking with a member of staff and we saw this activity was provided and the individual enjoyed it greatly. Activities and routines were responsive to the wishes of people who lived in the home.

People's bedrooms had been decorated and furnished taking account of their interests and preferences. People were supported to choose furniture for their own rooms and to personalise their bedrooms as they wanted. People preferences and wishes were taken into account in how the service was provided to them.

The registered provider had a procedure for receiving and responding to complaints. The provider's website included information about how people could complain about the service provided. This meant that friends and relatives of people who used the service could find information about how to raise a concern on an individual's behalf if they needed to.

All the staff we spoke with were aware that people who lived in the home would not be able to make to make a formal complaint on their own. The staff told us that, if they were aware of a concern regarding an individual's support, they would be confident raising this on their behalf.

The local health and social care commissioning teams we contacted before our inspection had not raised

any concerns with us about how people were cared for in the home.

Is the service well-led?

Our findings

People who lived in the home could not tell us their views about their support. We saw that people knew the registered manager of the home and were comfortable around her.

The staff we spoke with told us that this was a good home and said they were confident people were well cared for. They told us they enjoyed working in the home and said they felt well supported by the registered manager. They said they would be confident speaking to the registered manager if they had any concerns about the conduct of another member of staff.

During our inspection we saw that the registered manager worked in the home with care staff. This meant they were available to provide guidance and support as staff required.

The atmosphere in the home was relaxed and inclusive. The staff and registered manager knew people well and knew what was important to them in their lives. We saw that people were given choices about their lives, were treated with respect and provided with activities that took account of their individual wishes and preferences.

In October 2015 an incident had occurred at another service provided by United Response, the registered provider for the home. Following this, the organisation had been advised to review the training of all staff with a focus on their understanding in relation to risks and procedures identified in people's care records. At this inspection we found that a staff member had not followed guidance in two people's care records and this had placed people at risk. This meant the provider's quality assurance systems were not robust enough in terms of oversight to ensure staff put knowledge from training into practice.

The registered manager carried out checks each month to assess the quality of the service provided. These included checking how medicines were managed, checks on the safety of the premises and checks to ensure people would be safe in the event of a fire. The provider's area manager also carried out a six monthly audit of the service. However, these checks had not ensured people received their medicines safely or that care staff followed the directions in people's care records.

These failures amounted to a breach of regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014 because the processes used to monitor the service had not been effective in ensuring the quality and safety of the service provided to people.

Providers of health and social care services are required to inform the Care Quality Commission, (CQC), of important events that happen in their services. These include any serious injuries to a person and applications to deprive a person of their liberty. The registered manager of the home was aware of the notifications that had to be made and had informed us of significant events as required. This meant we could check that appropriate action had been taken to protect people and to respect their rights.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met: People were not protected against risks to their safety. Regulation 12 (1) (2) (b).</p> <p>Medicines were not managed safely. Regulation 12 (1) (2) (g).</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>How the regulation was not being met: The processes used to monitor the service had not been effective in ensuring the quality and safety of the service provided to people. Regulation 17 (1) (2) (a).</p>